

INCOME AND ELIGIBILITY VERIFICATION FORM

Worker
Name: _____
Worker
Number: _____
Telephone:
Case
Number: _____
Date: _____

(ADDRESSEE)

Questions? Ask your worker.

We told you when you applied for Cash Aid, Food Stamps, and/or Medi-Cal that we would check your income and resources with different agencies to verify information which you reported.

We have some facts that are different from what you told us. They have to do with:

- ☐ Earnings
- ☐ Unemployment Insurance (UI)
- ☐ Social Security Benefits or SSI
- ☐ Disability Insurance (DI)
- ☐ Bank Accounts/Stocks/Bonds
- ☐ Other _____

The facts are:

You must tell us by _____, if you think these facts are right or wrong.

- If you think these facts are wrong, you need to show us why.

- If these facts are right, your
☐ Cash Aid ☐ Food Stamps
☐ Medi-Cal
may change or stop. You will get a Notice of Action.

- ☐ If you get Cash Aid and you don't let us know the facts by the above date, we may check with the source of these facts.

- ☐ If you get Food Stamps and you don't let us know the facts by the above date, you will get a Notice of Action to stop your Food Stamps.

- ☐ If you get Medi-Cal and you don't let us know the facts by the above date, we may check with the sources of these facts. Based on the information we receive, your Medi-Cal benefits may change or stop. You will get a Notice of Action.